BED STILL T) 1001 -	STANDARD CERTIF	CATE OF DEATH	State File No.	TUOCI
BIRTH NO		_ REG. DIST. NO	PRIMARY REG. DIST. NO	002 Registrar's No.	5433
1. PLACE OF DEA	ATH (Son		2. USUAL RESIDENCE (a. STATE Missouri	Where deceased lived. If in	ritution: residence be Jackson 34
	sas City	township) STAY (in this place)	c. CITY (If outside sorporate limit OR Kansas Ci	te, write RURAL and give tow	mahip)
	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Research Hospital			d aive location)	- 0
3. NAME OF DECEASED (Type or Print)	a. (First) ~	b. (Middle) B	c. (Last) Lanyon	4. DATE (Month)	(Day) (Year)
	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Spedis)	8. DATE OF BIRTH	9. AGE (In years) IF UNDER	1 YEAR OF THOSE H I
10a. USUAL OCCUPATIO	N (Give kind of work	Widowed 10b. KIND OF BUSINESS OR IN- DUSTRY	June 10, 1893 11. BIRTHPLACE (State or foreign or foreign)	oountry)	12. CITIZEN OF WI-
13a. FATHER'S NAME	V	13b. MOTHER'S MAIDEN		ME OF HUSBAND OR WIF	USA
Michael P. 15. WAS DECEASED EVER (Yes. no. or unknown) (II	Myers R IN U.S. ARMED F yes, give war or dates o	of service) NO.	Wery Albe		ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	MEDICAL C	ERTIFICATION	1303 E. 79th	St. K.C. A INTERVAL BETWE ONSET AND DEAT
"This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.	ANTECEDENT CA Morbid conditions rise to the above ca the underlying cau. II. OTHER SIGNIF	USES , if any, giving DUE TO (b) , use (a) stating se last. DUE TO (c) ICANT CONDITIONS	of the s	Lagr	9-30
19a. DATE OF OPERA- TION	related to the diseas	uting to the death but not ce or condition causing death.		 	20. AUTOPSY7
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	1b. PLACE OF INJURY (e.g., in or about ome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHII	P) (COUNTY)	(STATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (E	Iour) 21e. INJURY OCCURRED M. WHILE AT WORK AT WORK	211. HOW DID INJURY OCCUR?		
22. I hereby certify to alive on	hat I attended the		1950, to 20-23 109m., from the causes		
24a. BURIAL, CREMA- TION, REMOVAL (Speeds)	124b. DATE	24c. NAME OF CEMETERY	OR CREMATORY 24d. LOCA	TION (City, town, or coun	
Removal L DATE REC'D BY LOCAL REG.	12/27/ REGISTBAR'S SI		Jo 25. FUNERAL DIRECTOR'S S STINE & McCLURE,	plin, Missouri Kansas City.	DRESS
12-16-50	Glera	(Licensed Embelmer's St	stement on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

•	
I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
vorking under my personal supervision.	Student Embalmer No

Signed Licensed Embalmer No.

P. O. Atdress P.

If this body is not embalmed, fact should be so stated above.